

EXAMINATION APPLICATION FOR LICENSE TO OPERATE

- Place an "X" in one of the boxes indicating the type and classification of the license for which you qualify to take an examination
- Fill out a separate application for each examination
- Please print or type

☐ Public Water Distribution System – Lic. Class W-1
☐ Public Water Distribution System – Lic. Class W-2
☐ Public Water Distribution System – Lic. Class W-3
☐ Public Water Distribution System – Lic. Class W-4

☐ Industrial Wastewater Treatment System – Lic. Class N-1
☐ Industrial Wastewater Treatment System – Lic. Class N-2
☐ Industrial Wastewater Treatment System – Lic. Class N-3
☐ Industrial Wastewater Treatment System – Lic. Class N-4

☐ Public Water Treatment System – Lic. Class T-1
☐ Public Water Treatment System – Lic. Class T-2
☐ Public Water Treatment System – Lic. Class T-3
☐ Public Water Treatment System – Lic. Class T-4

☐ Public Wastewater Collection System – Lic. Class C-1
☐ Public Wastewater Collection System – Lic. Class C-2
☐ Public Wastewater Collection System – Lic. Class C-3
☐ Public Wastewater Collection System – Lic. Class C-4

☐ Public Wastewater Treatment System – Lic. Class S-1
☐ Public Wastewater Treatment System – Lic. Class S-2
☐ Public Wastewater Treatment System – Lic. Class S-3
☐ Public Wastewater Treatment System – Lic. Class S-4

All statements made in this application, as well as any documents submitted as supporting evidence of qualification for this examination, are subject to investigation and verification. Falsification or misstatement of any material fact will be cause for rejection. Failure of the applicant to furnish all information and records requested may result in rejection of the application.

CLOSING DATE: ☐ **FEBRUARY 15** ☐ **MAY 15** ☐ **SEPTEMBER 15**

NOTE: Application must be postmarked by the appropriate closing date

Name _____ Date of Birth _____
First MI Last

Address _____
No. & Street

City State County Zip Code

*Social Security No. _____ Home Phone No.(_____) _____ Work Phone No.(_____) _____

***Failure to submit this information is an automatic rejection of this application**

Are you seeking a license through the reciprocity program? Yes ☐ No ☐ **Must submit** copy of your valid out of state license.

Have you previously filed an application for a license with the Departmental Protection? Yes ☐ No ☐

If yes, state date and type of license _____

Have you previously taken a Department of Environmental Protection examination for a license? Yes ☐ No ☐

If yes, how many times? _____

Which Department of Environmental Protection license(s) do you now hold? _____

EDUCATION AND TRAINING RECORD *(Documentation of Education and training is required)*

Do you have a high school diploma or equivalency certificate? Yes ☐ No ☐

Do you have a: ☐ College Degree in engineering or a related science
(Specify related science degree e.g. physics, biology, chemistry) _____
☐ College Degree no related to engineering or science
☐ Associate Degree in engineering or a relate science
(Specify related science degree e.g. physics, biology, chemistry) _____

NAME & LOCATION OF COLLEGE	DATES ATTENDED		MAJOR	DEGREE & DATE
	From	To		

Have you successfully completed any of the following approved courses in the subject matter required by the license being sought?
(Submit photocopy of course certificate(s))

	NAME & LOCATION OF SCHOOL	DATES ATTENDED	
		From	To
<input type="checkbox"/> Yes <input type="checkbox"/> No Introductory Course to Water & Wastewater Operations			
<input type="checkbox"/> Yes <input type="checkbox"/> No Advanced Course [] Water Part I [] Part II [] Wastewater Part I [] Part II			
<input type="checkbox"/> Yes <input type="checkbox"/> No Collection System Course			
<input type="checkbox"/> Yes <input type="checkbox"/> No Industrial Wastewater Operations Course			

WATER/WASTEWATER/COLLECTION SYSTEM/EMPLOYMENT RECORD (Begin with present position and work back through applicable experience) **NOTE: All employment must be verified by a Statement of Qualifications, Form No. ADM-035A, signed by the licensed operator in charge, as listed on DEP records.** If your experience was gained while in the employment of a consulting or contract operations firm, each facility at which you worked must be listed. Listing the consulting or contract operations firm only as your employer is not acceptable.

NAME OF EMPLOYER			NJPDES/PWSID#	
ADDRESS			Facility Classification: _____	
POSITION/TITLE			DATES OF EMPLOYMENT From: _____ To: _____	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME GIVE NO. OF HOURS WORKED PER WEEK _____	DIRECT RESPONSIBLE CHARGE* _____ Yrs. _____ Mos.		OPERATING EXPERIENCE** _____ Yrs. _____ Mos.

NAME OF EMPLOYER			NJPDES/PWSID#	
ADDRESS			Facility Classification: _____	
POSITION/TITLE			DATES OF EMPLOYMENT From: _____ To: _____	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME GIVE NO. OF HOURS WORKED PER WEEK _____	DIRECT RESPONSIBLE CHARGE* _____ Yrs. _____ Mos.		OPERATING EXPERIENCE** _____ Yrs. _____ Mos.

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NAME OF EMPLOYER			NJPDES/PWSID#	
ADDRESS			Facility Classification: _____	
POSITION/TITLE			DATES OF EMPLOYMENT From: _____ To: _____	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME GIVE NO. OF HOURS WORKED PER WEEK _____	DIRECT RESPONSIBLE CHARGE* _____ Yrs. _____ Mos.		OPERATING EXPERIENCE** _____ Yrs. _____ Mos.

***Direct Responsible Charge Experience** (required only for Class 3 & 4 licenses)-shall mean active, daily, on-site supervision, including operation and maintenance responsibilities **in a system with a classification no less than one classification lower than the license sought. This experience must be gained while in possession of a license no less than one grade lower than the license sought.**

****Operating Experience**-shall mean the time spent in the satisfactory performance of operational duties at a system which is acceptable to the Board. For an industrial wastewater treatment system (N) license, manufacturing and process experience may be acceptable in lieu of operating experience.

CERTIFICATION OF APPLICANT

I hereby certify that there are no misrepresentations in my answers to the questions on this application.

Signature _____ Date _____

IMPORTANT: Read carefully before submitting your application

- Have you answered all questions? Admission to examinations shall be dependent upon information furnished on this application.
- Have you signed and dated the application?
- Photocopy of the required course certificate(s) must be included.
- A Statement of Qualifications (Form ADM-035A) from each of the DEP approved licensed operators at the plant(s) listed on your employment record must accompany this application verifying your experience.
- Transcript of your college degree(s) and a copy of your high school diploma/equivalency certificate must be included to support your educational qualifications.
- As provided by N.J.S.A. 58:11-64 et. seq., a nonrefundable application fee of \$70 is required. Make check payable to:
Treasurer, State of New Jersey
- **Send your application and fee with the necessary supporting documentation to:**

N.J. Department of Environmental Protection
Examinations & Licensing
Mail Code 401-04E
PO Box 420
Trenton, New Jersey 08625-0420